

Chapter 12 – Billing and Encounter Submission

REVISION DATE: 4/16/14

INITIAL IMPLEMENTATION DATE: March 29, 2013

REFERENCES: [AHCCCS](#); [Billing Information](#)

All providers who participate in the AHCCCS program must be registered with AHCCCS and be assigned a Provider of Service (POS) number (i.e., a six-digit registration number). Additionally, providers are required to register their National Provider Identifier (NPI) with AHCCCS. The provider must notify the Division Contract Management Unit within two (2) business days in the event their AHCCCS POS number changes. Your current Federal Tax ID number associated with your Division contract and NPI are required on claims. Information about AHCCCS requirements and use of an NPI can be found on the AHCCCS website.

Acceptable Claim Forms

For HCBS services, the Division requires Qualified Vendors to submit claims using the Division's FOCUS system (the Division's automated service authorization and payment processing system. Please refer to the Division's Billing Manual for more information.

For Acute Care Services delivered by the health plan to AIHP members, there are three different types of claim forms that must be used.

- CMS-1500 Form: For claims for professional services.
- UB-04 Form: For claims for hospital in-patient and out-patient services, dialysis, hospice, and skilled nursing facility services.
- ADA Claim Form: For claims for dental services.

A claim form cannot exceed 99 lines. The Division complies with all AHCCCS billing and payment requirements when processing claims. Valid and approved AHCCCS Health Care Procedure Coding System (HCPCS) codes must be used on claims submitted to the Division.